

DECLARATION, PETITION AND POWER OF ATTORNEY FOR
PATENT APPLICATION

Attorney Docket No

PRTV-003

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SPORT MONITORING SYSTEM FOR DETERMINING AIRTIME, SPEED,
POWER ABSORBED AND OTHER FACTORS SUCH AS DROP DISTANCE

the specification of which (check only one):

_____ is attached hereto.

X was filed as United States Patent Application

Serial No. 09/089,232

on June 2, 1998

and was amended

on _____

(if applicable)

_____ was filed as PCT Patent Application

Serial No. _____

on _____

and was amended under PCT Article 19

on _____

(if applicable)

I hereby state that I have reviewed and understand the contents of the specification, including the claims as amended by any amendment referred to herein.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119:

COUNTRY (if PCT indicate PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. § 119 (YES/NO)

DECLARATION, PETITION AND POWER OF ATTORNEY FOR
PATENT APPLICATION

Attorney Docket No

PRTV-003

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56 which occurred between the filing date of the prior applications and the national or PCT international filing date of this application:

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATION(S) DESIGNATING THE U.S.
FOR BENEFIT UNDER 35 U.S.C. § 120:

APPLICATION NUMBER (if PCT indicate PCT)	DATE OF FILING (day, month, year)	STATUS: (PATENTED, PENDING OR ABANDONED)
08/867,083	June 2, 1997	Pending
60/077,251	March 9, 1998	Pending
08/764,758	December 12, 1996	Pending

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys and/or agents to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Mark G. Lappin	Reg. No. 26,618	David F. Crosby	Reg. No. 36,400
Toby H. Kusmer	Reg. No. 26,418	Curtis A. Vock	Reg. No. 38,356
Robert J. Schiller	Reg. No. 19,248	Elizabeth A. Levy	Reg. No. 34,375
David Silverstein	Reg. No. 26,336	Steven M. Mills	Reg. No. 36,610
		Anthony P. Onello, Jr.	Reg. No. 38,572
		Ronald R. Demsher	Reg. No. P42,478
		Carolyn G. d'Agincourt	Reg. No. P43,327

Send Correspondence to:

Curtis A. Vock
LAPPIN & KUSMER LLP
200 State Street
Boston, Massachusetts 02109

Direct Telephone Calls to:

Curtis A. Vock
(617) 330-1300
(617) 330-1311 (facsimile)

Wherefore I petition that letters patent be granted to me for the invention or discovery described and claimed in the attached specification and claims, and hereby subscribe my name to said specification and claims and to the foregoing declaration, power of attorney, and this petition.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Signature

Curtis A. Vock

Date

July 7, 1998

Full Name of 1st Inventor	Family Name Vock	First Given Name Curtis	Second Given Name A.
Residence & Citizenship	City Charlestown	State or Foreign Country Massachusetts	Country of Citizenship USA
Post Office Address	Post Office Address 44 Warren Street, #1	City Charlestown	State & Zip Code/Country Massachusetts 02129 USA

DECLARATION, PETITION, AND POWER OF ATTORNEY FOR
PATENT APPLICATION

Attorney Docket No:

PRTV-003

Signature

Date _____

Full Name of
2nd Inventor

Family Name
Darcy

First Given Name
Dennis

Second Given Name

Residence & Citizenship

City
Dracut

State or Foreign Country
Massachusetts

Country of Citizenship
USA

Post Office
Address

Post Office Address
120 Arlington Street, No. 5

City
Dracut

State & Zip Code/Country
Massachusetts 01826 USA

[illegible]

DECLARATION, PETIT. AND POWER OF ATTORNEY FOR
PATENT APPLICATION

Attorney Docket No:

PRTV-003

Signature

Date _____

Full Name of
3rd Inventor

Family Name
Bodkin

First Given Name
Andrew

Second Given Name

Residence &
Citizenship

City
Needham

State or Foreign Country
Massachusetts

Country of Citizenship
USA

Post Office
Address

Post Office Address
37 Forest Street

City
Needham

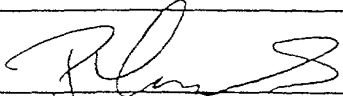
State & Zip Code/Country
Massachusetts 02192 USA

[illegible]

DECLARATION, PETITION AND POWER OF ATTORNEY FOR PATENT
APPLICATION

Attorney Docket No:

PRTV-003

Signature 		Date 25 th June 1998	
Full Name of 4th Inventor	Family Name Youngs	First Given Name Perry	Second Given Name
Residence & Citizenship	City BackLane, Burgh End, Mattishal	State or Foreign Country Dereham, Norfolk	Country of Citizenship UK
Post Office Address	Post Office Address BackLane, Burgh End, Mattishal	City	State & Zip Code/Country NR203QX UK

FOOT " 9962655D

DECLARATION, PETITION AND POWER OF ATTORNEY FOR PATENT APPLICATION			Attorney Docket No: PRTV-003
Signature <i>A Larkin</i>		Date <i>25th June 1998</i>	
Full Name of 5th Inventor	Family Name Larkin	First Given Name Adrian	Second Given Name F.
Residence & Citizenship	City 10 Coval Avenue, Chelmsford, Essex	State or Foreign Country England	Country of Citizenship UK
Post Office Address	Post Office Address 10 Coval Avenue, Chelmsford, Essex	City	State & Zip Code/Country CM1 1TF UK

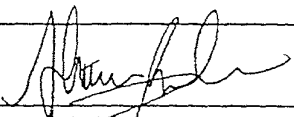
09992966-110601

DECLARATION, PETITION AND POWER OF ATTORNEY FOR PATENT APPLICATION			Attorney Docket No: PRTV-003
Signature <i>Steven Finberg</i>		Date <i>6/23/98</i>	
Full Name of 6th Inventor	Family Name Finberg	First Given Name Steven	Second Given Name
Residence & Citizenship	City Cambridge	State or Foreign Country Massachusetts	Country of Citizenship USA
Post Office Address	Post Office Address P.O. Box 397082	City Cambridge	State & Zip Code/Country Massachusetts 02139 USA

109999-23525600

DECLARATION, PETITION		POWER OF ATTORNEY FOR PATENT APPLICATION		Attorney Docket No: PRTV-003
Signature <i>Charles Marshall</i>		Date <i>July 6th, 1998</i>		
Full Name of 7th Inventor	Family Name Marshall	First Given Name Charles	Second Given Name	
Residence & Citizenship	City N. Andover	State or Foreign Country Massachusetts	Country of Citizenship USA	
Post Office Address	Post Office Address 667 South Bradford Street	City N. Andover	State & Zip Code/Country Massachusetts 01845 USA	

10907 99526660

DECLARATION, PETITION		POWER OF ATTORNEY FOR PATENT APPLICATION		Attorney Docket No. PRTV-003
Signature 		Date 6/19/98		
Full Name of 8th Inventor	Family Name Burke	First Given Name Shawn	Second Given Name	
Residence & Citizenship	City Andover	State or Foreign Country Massachusetts	Country of Citizenship USA	
Post Office Address	Post Office Address 39 Kathleen Drive	City Andover	State & Zip Code/Country Massachusetts 01810 USA	

00992966-110601

POWER OF ATTORNEY FOR PATENT APPLICATION

Attorney Docket No.

PRTV-003

Signature

Date _____

6/19/98

Full Name of
9th Inventor

Family Name
Flentov

First Given Name
Peter

Second Given Name

Residence & Citizenship

City
Carlisle

State or Foreign Country
Massachusetts

Country of Citizenship
USA

Post Office
Address

Post Office Address
89 Robbins Drive

City
Carlisle

State & Zip Code/Country
Massachusetts 01741 USA

Table 1. Demographic and clinical characteristics of the study population	
Demographic characteristics	
Age (mean \pm SD)	65.2 \pm 10.5
Gender (male/female)	102/108
Education (years)	12.5 \pm 2.1
Marital status (married/divorced/widowed)	150/30/20
Occupation (retired/working)	150/30
Clinical characteristics	
Duration of disease (years)	10.5 \pm 5.2
Severity of disease (mild/moderate/severe)	120/40/40
Comorbidities (hypertension/diabetes/cholesterol)	80/30/50
Medication (antidepressants/antipsychotics)	100/20
Family history (depression/schizophrenia)	30/10
Previous hospitalizations (yes/no)	50/80
Current symptoms (depression/schizophrenia)	100/20
Functional status (good/fair/poor)	120/40/40
Quality of life (high/low)	100/20
Healthcare utilization (frequent/infrequent)	50/80
Healthcare costs (high/low)	100/20
Healthcare satisfaction (satisfied/dissatisfied)	100/20
Healthcare access (easy/difficult)	100/20
Healthcare quality (good/bad)	100/20
Healthcare safety (safe/unsafe)	100/20
Healthcare effectiveness (effective/ineffective)	100/20
Healthcare efficiency (efficient/inefficient)	100/20
Healthcare equity (equitable/unequitable)	100/20
Healthcare transparency (transparent/opaque)	100/20
Healthcare accountability (accountable/unaccountable)	100/20
Healthcare responsiveness (responsive/unresponsive)	100/20
Healthcare patient-centeredness (patient-centered/not patient-centered)	100/20
Healthcare evidence-basedness (evidence-based/not evidence-based)	100/20
Healthcare innovation (innovative/not innovative)	100/20
Healthcare sustainability (sustainable/not sustainable)	100/20
Healthcare resilience (resilient/not resilient)	100/20
Healthcare adaptability (adaptable/not adaptable)	100/20
Healthcare flexibility (flexible/not flexible)	100/20
Healthcare inclusiveness (inclusive/exclusive)	100/20
Healthcare diversity (diverse/not diverse)	100/20
Healthcare equity (equitable/unequitable)	100/20
Healthcare transparency (transparent/opaque)	100/20
Healthcare accountability (accountable/unaccountable)	100/20
Healthcare responsiveness (responsive/unresponsive)	100/20
Healthcare patient-centeredness (patient-centered/not patient-centered)	100/20
Healthcare evidence-basedness (evidence-based/not evidence-based)	100/20
Healthcare innovation (innovative/not innovative)	100/20
Healthcare sustainability (sustainable/not sustainable)	100/20
Healthcare resilience (resilient/not resilient)	100/20
Healthcare adaptability (adaptable/not adaptable)	100/20
Healthcare flexibility (flexible/not flexible)	100/20
Healthcare inclusiveness (inclusive/exclusive)	100/20
Healthcare diversity (diverse/not diverse)	100/20
Healthcare equity (equitable/unequitable)	100/20
Healthcare transparency (transparent/opaque)	100/20
Healthcare accountability (accountable/unaccountable)	100/20
Healthcare responsiveness (responsive/unresponsive)	100/20
Healthcare patient-centeredness (patient-centered/not patient-centered)	100/20
Healthcare evidence-basedness (evidence-based/not evidence-based)	100/20
Healthcare innovation (innovative/not innovative)	100/20
Healthcare sustainability (sustainable/not sustainable)	100/20
Healthcare resilience (resilient/not resilient)	100/20
Healthcare adaptability (adaptable/not adaptable)	100/20
Healthcare flexibility (flexible/not flexible)	100/20
Healthcare inclusiveness (inclusive/exclusive)	100/20
Healthcare diversity (diverse/not diverse)	100/20
Healthcare equity (equitable/unequitable)	100/20
Healthcare transparency (transparent/opaque)	100/20
Healthcare accountability (accountable/unaccountable)	100/20
Healthcare responsiveness (responsive/unresponsive)	100/20
Healthcare patient-centeredness (patient-centered/not patient-centered)	100/20
Healthcare evidence-basedness (evidence-based/not evidence-based)	100/20
Healthcare innovation (innovative/not innovative)	100/20
Healthcare sustainability (sustainable/not sustainable)	100/20
Healthcare resilience (resilient/not resilient)	100/20
Healthcare adaptability (adaptable/not adaptable)	100/20
Healthcare flexibility (flexible/not flexible)	100/20
Healthcare inclusiveness (inclusive/exclusive)	100/20
Healthcare diversity (diverse/not diverse)	100/20
Healthcare equity (equitable/unequitable)	100/20
Healthcare transparency (transparent/opaque)	100/20
Healthcare accountability (accountable/unaccountable)	100/20
Healthcare responsiveness (responsive/unresponsive)	100/20
Healthcare patient-centeredness (patient-centered/not patient-centered)	100/20
Healthcare evidence-basedness (evidence-based/not evidence-based)	100/20
Healthcare innovation (innovative/not innovative)	100/20
Healthcare sustainability (sustainable/not sustainable)	100/20
Healthcare resilience (resilient/not resilient)	100/20
Healthcare adaptability (adaptable/not adaptable)	100/20
Healthcare flexibility (flexible/not flexible)	100/20
Healthcare inclusiveness (inclusive/exclusive)	100/20
Healthcare diversity (diverse/not diverse)	100/20
Healthcare equity (equitable/unequitable)	100/20
Healthcare transparency (transparent/opaque)	100/20
Healthcare accountability (accountable/unaccountable)	100/20
Healthcare responsiveness (responsive/unresponsive)	100/20
Healthcare patient-centeredness (patient-centered/not patient-centered)	100/20
Healthcare evidence-basedness (evidence-based/not evidence-based)	100/20
Healthcare innovation (innovative/not innovative)	100/20
Healthcare sustainability (sustainable/not sustainable)	100/20
Healthcare resilience (resilient/not resilient)	100/20
Healthcare adaptability (adaptable/not adaptable)	100/20
Healthcare flexibility (flexible/not flexible)	100/20
Healthcare inclusiveness (inclusive/exclusive)	100/20
Healthcare diversity (diverse/not diverse)	100/20
Healthcare equity (equitable/unequitable)	100/20
Healthcare transparency (transparent/opaque)	100/20
Healthcare accountability (accountable/unaccountable)	100/20
Healthcare responsiveness (responsive/unresponsive)	100/20
Healthcare patient-centeredness (patient-centered/not patient-centered)	100/20
Healthcare evidence-basedness (evidence-based/not evidence-based)	100/20
Healthcare innovation (innovative/not innovative)	100/20
Healthcare sustainability (sustainable/not sustainable)	100/20
Healthcare resilience (resilient/not resilient)	100/20
Healthcare adaptability (adaptable/not adaptable)	100/20
Healthcare flexibility (flexible/not flexible)	100/20
Healthcare inclusiveness (inclusive/exclusive)	100/20
Healthcare diversity (diverse/not diverse)	100/20
Healthcare equity (equitable/unequitable)	100/20
Healthcare transparency (transparent/opaque)	100/20
Healthcare accountability (accountable/unaccountable)	100/20
Healthcare responsiveness (responsive/unresponsive)	100/20
Healthcare patient-centeredness (patient-centered/not patient-centered)	100/20

DECLARATION, PETITION AND POWER OF ATTORNEY FOR PATENT APPLICATION

Attorney Docket No:

PRTV-003

Signature <i>Kevin J. Grealish</i>		Date <i>6/26/98</i>	
Full Name of 10th Inventor	Family Name Grealish	First Given Name Kevin	Second Given Name J.
Residence & Citizenship	City Westwood	State or Foreign Country Massachusetts	Country of Citizenship USA
Post Office Address	Post Office Address 18 Whitney Avenue	City Westwood	State & Zip Code/Country Massachusetts 02090 USA

09592966 110601